

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Report covers period from <u>01/01/2004</u> through <u>12/31/2004</u> Date of election if applicable: (Month, Day, Year) <u>11/02/2004</u>	Date Stamp RECEIVED CITY OF MOUNTAIN VIEW '05 FEB -3 A10:58 (POSTMARKED 1/31/05)	CALIFORNIA 1994 FORM 465 1/4 For Official Use Only
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Amendment No _____

Report No SIE666-41231

Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
871053

NAME OF FILER
Santa Clara County Democratic Central Committee United Democratic Campaign

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Altos</u>	<u>CA</u>	<u>94024</u>	

OPTIONAL: FAX/E-MAIL ADDRESS
(408) 351-0269

Treasurer (If recipient committee)

NAME OF TREASURER
JAMES P. THURBER, JR.

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Altos</u>	<u>CA</u>	<u>94024</u>	

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD	CHECK ONE	
		SUPPORT	OPPOSE
<u>Ms. Margaret Abe Koga</u>	<u>City Council Member, City of Mountain View</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

Supplemental Independent Expenditure Report

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		
from	01/01/2004	
through	12/31/2004	2 / 4
		I.D. NUMBER (If Recipient Com.) 871053

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NAME OF FILER

Santa Clara County Democratic Central Committee United Democratic Campaign

4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3)	\$	1779.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	1779.00

5. Filing Officers

Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

Please see attached pages

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/31/05
DATE

By Diane Trubman
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

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NAME OF FILER

Santa Clara County Democratic Central Committee United Democratic Campaign

I.D. NUMBER (If Recipient Com.)

871053

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1) NAME OF FILING OFFICER

Secretary of State Political Reform Division

ADDRESS

(NO. AND STREET)

P.O. Box 1467

CITY

Sacramento

STATE

CA

ZIP CODE

95812-1467

1) NAME OF FILING OFFICER

Registrar of Voters City & County of San Francisco

ADDRESS

(NO. AND STREET)

Dept. of Elections, Rm 48 City Hall

CITY

San Francisco

STATE

CA

ZIP CODE

94102-4635

1) NAME OF FILING OFFICER

Registrar-Recorder of Los Angeles County

ADDRESS

(NO. AND STREET)

12400 Imperial Highway

CITY

Norwalk

STATE

CA

ZIP CODE

90650

1) NAME OF FILING OFFICER

Santa Clara County Registrar

ADDRESS

(NO. AND STREET)

1555 Berger Dr., Bldg. 2

CITY

San Jose

STATE

CA

ZIP CODE

95112

Supplemental Independent Expenditure Report

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from <u>01/01/2004</u>		
through <u>12/31/2004</u>		
		4 / 4
		For Official Use Only

For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
10/27/2004	DFS Associates San Jose CA 95126	Mailer	1779.00	1779.00

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STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Los Altos CA 94024

OPTIONAL: FAX/E-MAIL ADDRESS

I.D. NUMBER (if recipient committee)
871053

Treasurer (if recipient committee)

NAME OF TREASURER

James P. Thurber, Jr.

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Los Altos CA 94024

OPTIONAL: FAX/E-MAIL ADDRESS

OFFICE OF
CITY CLERK

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Ms. Laura Macias

OFFICE SOUGHT OR HELD

City Council Member, City of Mountain View

CHECK ONE

SUPPORT OPPOSE

X

NAME OF BALLOT MEASURE

BALLOT NO./LETTER JURISDICTION

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By Diane Tribanck
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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